DRAFT

SEX OFFENDER ASSESSMENT COMMITTEE
PROVIDER STANDARDS

PURPOSE: The Sexual Offender Assessment Committee is committed to a high standard of care and community management for sexual offenders, which takes into consideration community safety, the necessity of multidisciplinary approach, and upholds victim's rights. For these reasons, standards are set forth for mental health providers providing clinical evaluation and treatment for sexual offenders involved in procedures related to registration and community notification. Providers making application to the Sex Offender Assessment Committee who meet training, supervision, and experience standards will be placed on list of preferred providers. This list will be available for use by state agencies and consumers. The SOAC is not responsible for the actions of these providers.

QUALIFICATIONS OF PROVIDERS

Specialists treating sexually abusive youth and adults must be accountable to citizens of Arkansas and their profession. Primary treatment providers should be licensed to provide medical, advanced practice nursing, or mental health care services at the independent level. Treatment providers should be able to articulate what they do, how, and why in relation to specific diagnostic and treatment practices. They should be aware of the literature and current relevant research, and current standards of practice regarding sex offender treatment. Work with sexual offenders is personally demanding and requires that providers have good clinical skills and adhere to appropriate ethical principals.

Professional qualifications

- Combination of education, training, and/or experience in providing clinical evaluation and treatment, including in this specialty.
- Awareness of various theories of sexual deviance and current application of these theories.
- Awareness of limitations and access to adjunct resources and supervision.
- Awareness of current treatment issues.
- Ability to clearly express method and rationale for what they do in evaluation and/or treatment.
- Openness to multidisciplinary and eclectic approaches.
- Ability to respond to individual needs as well as cultural sensitivity.
- Knowledge of laws, policies, and ethical concerns relating to confidentiality, reporting, risk management, client participation, and confrontation.
- Continuing awareness of development and research in the field.
- Knowledge of court systems, legal parameters, and therapeutic/legal interfacing.
- General knowledge of justice systems.

Specialized training

It is recognized that specialized graduate level coursework is rare, although graduate level training in sexual abuse, including offender and victimization issues, may meet training/educational requirements. Initial 40 hours of training and continuing education should include:

- Introductory education (literature or coursework) regarding basic understanding of theories relative to sexually abusive behavior, treatment methods ethical issues, and application to this population.
- Exposure to current thinking and practices in treatment of sexually abusive behavior.
- Basic knowledge regarding child and adolescent development, human sexuality, sexual victimization (impact and treatment), family dysfunction, psychology, sociology, criminology, learning, behavior, and cultural sensitivity.
- Knowledge and skills in psychotherapeutic theory and techniques, and psychological disorders.
- Awareness of specialized techniques such as plethysmography, polygraphy, confrontive techniques, covert sensitization, cognitive restructuring, offense cycle, relapse prevention, etc. This should also include techniques for special populations, such as low functioning offenders, female offenders, and children with sexual behavior problems if the provider is working with these populations.
- Understanding legal accountability and legal system, children's rights, reporting laws, professional responsibility and immunity, liability under state laws, and any applicable licensing requirement.
- Modeling of respect and equality in male/female relationships, sexual attitudes, and interpersonal behavior.
- Knowledge of policies and procedures regarding handling disclosures and allegations.
- Knowledge of personal and environmental safety planning.
- Understanding of transference and counter transference issues.
- Stress and time management strategies.

Specialized supervision

Supervision or consultation is required for treatment providers who do not have advanced education in clinical practice or who have limited experience working with this treatment population.

- Those providing supervision should meet credentialing standards established by the Sex Offender Assessment Committee.
- Supervision/consultation should be provided for two years for a minimum of 100 hours of supervision/consultation.
- Supervisors and consultants must be aware of potential emotional/psychological impacts on providers of this demanding work and take steps to protect against or counter negative effects.
- Provider must have 2000 hours of directly supervised experience in the assessment and treatment of sex offenders, including at least 500 hours of experience related to cognitive -behavioral treatment approaches and cognitive-restructuring therapy.

PROCEDURES FOR APPROVAL OF CREDENTIALS THROUGH SEX OFFENDER ASSESSMENT COMMITTEE

Clinical Credentials for Registered Sexual Offender Treatment Provider Status.

- Must be licensed to practice independently in Arkansas as a physician, psychologist, counselor, psychological examiner, social worker, marriage and family therapist, or advanced practice nurse.
- Show evidence of a minimum of 2,000 hours of supervised clinical experience in the area of clinical evaluation and treatment of offenders.
- Show evidence of 40 hours of specialized training in clinical evaluation and treatment of sexual offenders.
- Specialized training must be consistent with intent to provide either clinical evaluation or treatment. I.E., if a provider wishes to provide assessment for sexual offenders, then the provider must show that he/she has received training in clinical evaluation. If the provider wishes to provide treatment, then the provider must show that he or she has had training in treatment.
- Specialized training must also be consistent with intent to provide services for either an adult or adolescent population. I.E., if a provider wishes to work with adult offenders, then the provider must show that he/she has received training in working with adult offenders. If the provider wishes to work with adolescent offenders, then he/she must show that she has had training in working with adolescent offenders.
- Provide three letters of reference from professionals who can attest to the applicant's sex offender treatment experience.
- Satisfactorily complete training module provided by the Sex Offender Assessment Committee on Arkansas laws and regulations.
- Provide evidence of 10 hours of continuing education training in sexual offender clinical evaluation and treatment annually after clinical credential has been awarded by the SOAC.

Sex Offender Assessment Committee Training

The Sexual Offender Assessment Committee will provide training modules on

- Arkansas laws and regulations;

Affiliate Credentials

Affiliate credentials refer to those who

- Are not licensed, but have a Bachelor's degree in a mental health field and are supervised by a clinically credentialed mental health provider in assisting in clinical evaluation and treatment activities.
- Have a mental health license, but are currently working to complete the required 2,000 hours of supervised experience.

Those seeking recognition as an affiliate-credentialed provider must

- Provide three letters of reference from professionals who can attest to the applicant's experience or current supervision/consultation relationship.

- Provide evidence of 40 hours of specialized training or graduate level coursework in assessment and treatment of sexual offenders.
- Successfully complete 1-day training for Arkansas laws and regulations provided by the Sex Offender Assessment Committee.
- Provide evidence of 10 hours of continuing education training in sexual offender assessment and treatment annually after affiliate credential has been awarded.

STANDARDS OF ASSESSMENT AND TREATMENT FOR ADULT SEXUAL OFFENDERS

Provider must be aware of Arkansas Laws regarding sex offenses and be aware of and comply with all standards for clinical evaluation and treatment established by the Sex Offender Assessment Committee.

Provider must be able to implement clinical evaluation and treatment based on currently accepted standards for the following:

- Psychosexual evaluation
- Risk assessment
- Data-gathering and corroboration of information related to the offender's history of offending
- Clinical evaluation interviewing techniques
- Analysis of problematic thinking patterns/attitudes/cognitive distortions
- Relapse prevention
- Aggression management
- Sexual arousal/impulse control
- Victim awareness/empathy
- Relationship/social skills
- Community resource/support utilization
- Risk management for community integration including collaboration with parole, probation, child welfare, and others supervising the offender in the community.
- Individual and group confrontation/intervention strategies.
- Family dynamics

Effective treatment aids include but are not limited to:

- Phallometry
- Polygraphy
- Medications
- Psychological methods
- Behavioral methods
- Cognitive pattern analysis/restructuring
- Group-based confrontation techniques/group therapy

STANDARDS OF ASSESSMENT FOR JUVENILE SEXUAL OFFENDERS

Careful screening of adolescent offenders is critical to recommendations for level of care and community safety. This screening should reflect careful consideration of issues related to:

- Dangerousness
- Severity of psychiatric and psychosexual disturbance
- Amenability to treatment.

The youth's level of accountability, his or her motivation for change, and his or her receptivity to professional help suggest his or her amenability to treatment. Developmental characteristics of youth are consistent with rapid changes in level of risk, so that an assessed level of risk may no longer be valid after a period of months.

Timing of Clinical Evaluations for Juvenile Offenders

Generally, a professional evaluation of the youth and his appropriateness for placement should occur post-adjudication but prior to court sentencing.

- Pre-adjudication evaluations are fraught with legal and clinical complexity, particularly when youths are asked to reveal information that may be used in their prosecution. Little meaningful information is derived from those who totally deny their offenses.
- Risk assessments for community notification **must** be provided post adjudication and should not be provided prior to an adjudication of delinquency on a sexual offense.
- There are no psychological tests that are valid for the purpose of determining innocence or guilt.

Components of Clinical Evaluation for Juvenile Offenders

Clinical evaluations should be comprehensive and include:

- Careful record review. Records should include victim statements, investigative reports, previous clinical records, and other relevant information.
- Clinical interviewing
- Collateral interview. Collateral interview may be with parent, foster parent, caseworker, or other adult knowledgeable about the youth and his or her living arrangements.
- Psychometric assessment. Instruments related to global personality adjustment and functioning as well as specialized psychometric instruments designed to assess sexual attitudes and interests may be helpful in the evaluation.
- Adjunctive assessment tools include the plethysmograph and the polygraph. These tools should be used judiciously with adolescents and should only be used by those specially trained in administering and interpreting these assessments with this age group.

Assessment of Appropriateness of Offender's Living Arrangements

When providing clinical evaluation for a youth in community-based programming, it is critical that a thorough review of the youth's living arrangements be included.

- It must be determined if the living environment has the necessary level of structure and supervision and does not compromise the safety of others in the home and community.
- Particular attention should be given to the needs and concerns of those in the home who may have been victimized by the youth. Victims in the home frequently include a younger sibling or siblings. Young children are usually not able to advocate for their own best interests and must be protected from potential harm. This includes potential psychological trauma resulting from living in the same home with someone who has abused them.

Placement

When the juvenile has perpetrated against family members in the home, it is frequently necessary for the juvenile sexual offender to be at least temporarily placed outside of the home.

- These youth should not be returned home until sufficient clinical progress has been achieved and issues of safety and psychological comfort have been adequately resolved.
- For adjudicated youths, these decisions are usually made by the presiding judge with input from the probation officer, social services worker (if any), the juvenile offender's treatment provider, the provider of services to family victim(s), and the youth's family.

STANDARDS OF TREATMENT FOR JUVENILE SEXUAL OFFENDERS

Amenability of Juvenile Sexual Offenders to Treatment

Recent review of research finds that adolescent offenders are more amenable to treatment than adult offenders and that a "significant percentage of juvenile sexual abusers will respond to therapeutic intervention (American Academy of Child and Adolescent Psychiatry, 1999)."

Level of Care

Youth should be placed in an appropriate level of care according to need for **structure and supervision, intensity of treatment, and community protection.** Treatment approach should be **consistent with the youth's developmental level**. Resources that are currently available in Arkansas include:

- Specialized residential sex offender treatment programs
- Group home with specialized sex offender treatment programs
- Day treatment
- Therapeutic foster care
- Outpatient sex offender specific treatment
- Wrap-around services

Other services should be considered as specialized programs are developed.

Components of Treatment

Clinical programming for juvenile sexual offenders is specialized and generally has multiple components.

- Treatment typically includes a combination of individual, group, and family therapies.
- Many programs offer supportive psychoeducational groups for the families of these youths.
- Youths who display more extensive or psychiatric or behavioral problems may require additional adjunctive therapies (e.g., drug/alcohol treatment, psychiatric care, etc.).
- All therapies should be carefully coordinated within the treatment agency and with external agencies providing case management and oversight.
- Treatment plans should be individualized for each youth.

Treatment goals related to the following have been found by many providers to be important in the effective treatment of juvenile sexual offenders.

- Admission of behavior and acceptance of responsibility
- Understanding thinking patterns/cognitive distortions
- Understanding appropriate and inappropriate sexual behavior
- Accurate sexual knowledge
- Awareness of consequences to self and family
- Victim empathy
- Relapse prevention
- Safety planning
- Appropriate social skills
- Anger control
- Reduction of deviant arousal patterns
- Personal sexual victimization
- Restitution
- Family clarification and/or reunification activities

Treatment approaches should be updated as new information becomes available on the effectiveness of various approaches.

Multidisciplinary Approach

The planning and implementation of treatment services should reflect the collaborative involvement of the youth, his/her family, and all agencies involved in his/her care. Treatment providers should work collaboratively and may wish to develop formal interagency of relationships for community supervision teams. Community supervision teams should include representatives from public institutions involving the youth and his/her family including the local juvenile court, child protective services, the prosecutor's office, the public defender's office, and parents of youthful offenders. This team may help to address the needs of the youth as well as community safety.

Family Involvement
Whenever possible, parents and caregivers of youthful offenders should be involved in his/her treatment as recommended by the treatment program. This involvement impacts the youth's treatment progress and aids in long term planning for placement in the community.
Resources should be provided for these parents, including

- Specialized parent groups
- Parenting classes
- Individual and family psychotherapy as needed
- Coordinated plan of supervision.

Treatment services should clearly be provided for children in the family who have been victimized by the youth. Input from the child victim's therapist or other appropriate victim advocate should be included in case planning for the perpetrator.

Community Reintegration and Aftercare
Reintegration services are critical in maintaining treatment gains achieved by a youth in a residential treatment program or placed outside the home. An individualized aftercare plan should be developed and followed for each youth, considering

- Need for outpatient sex offender specific treatment
- Follow-up through probation or aftercare
- Other specialized services should be identified for each youth

Services must be implemented in a collaborative process among the various providers.

Application for status as a credentialed provider or affiliate provider may be made by contacting: **Credentialing Committee**
Sex Offender Screening and Risk Assessment
P.O. Box 6209
Pine Bluff, AR 71611-6209

Procedure for annual re-approval includes sending evidence of licensure, relevant continuing education activity, and updated address and demographic information requested by the Sex Offender Assessment Committee.

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Office of Juvenile Justice and Delinquency Prevention. (2001, February 15). Understanding treatment and accountability in juvenile sex offending: Results and recommendations from an OJJDP Focus Group. Washington, DC: Office of Justice Programs, U.S. Department of Justice.